



# LEWIS COUNTY MEDICAL RESERVE CORPS

## VOLUNTEER APPLICATION FORM

### PERSONAL INFORMATION

Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_ (Full Middle): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex (M-F): \_\_\_\_\_ Blood Type: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Color Eyes: \_\_\_\_\_ Color Hair: \_\_\_\_\_ Social Security #: \_\_\_\_\_

### Emergency Contact

In case of emergency please notify:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship to emergency worker: \_\_\_\_\_

### Employment History

Current or Most Recent Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

☐ Full Time ☐ Part Time ☐ Retired ☐ Other: \_\_\_\_\_

### PROFESSIONAL INFORMATION:

☐ Clergy Denomination: \_\_\_\_\_

☐ Certified Nursing Assistant

☐ Dental Assistant

☐ Dentist

☐ Dental hygienist

☐ Emergency Medical Technician

☐ Environmental Health Specialist

☐ Health Educator

☐ Health Technician

☐ Other \_\_\_\_\_

☐ Licensed Practical Nurse

☐ Media/Communications/Public Relations

☐ Mental Health Practitioner

☐ Medical Assistant

☐ Pharmacist

☐ Paramedic

☐ Physician:

☐ Physician Assistant

☐ Registered Nurse

☐ Social Worker

☐ Veterinarian

Professional License Type/Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I understand by signing this application, I am giving authorization to the Lewis County Sheriff's Office to make inquiries into my background, criminal history, and driving records. I hereby certify that the entries made by me on this statement are true, complete, and correct to the best of my knowledge and belief. Further I do hereby release you, your organization, your agents, and others from any liability or damage which may result from furnishing information to Lewis County pursuant to this waiver and authorization to release information.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

Please mail form to: Lewis County Health Department, Attn: Marie Tucker, 360 NW North St, Chehalis WA 98532